

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90035 006 \*\*\*\*50.00

<b>DOCUMENT # M04000003376</b> 1. Entity Name RIVERVIEW NI INDUSTRIAL LLC			
Principal Place of Business C/O CAMMEBY'S INTERNATIONAL LTD. 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006		Mailing Address C/O CAMMEBY'S INTERNATIONAL LTD. 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006	
2. Principal Place of Business <b>C/O CAM NIP MANAGEMENT LLC</b> Suite, Apt. #, etc. <b>575 UNDERHILL BLVD-SUITE 1X</b> City & State <b>SYOSSET, NY</b> Zip <b>11791</b> Country <b>USA</b>		3. Mailing Address <b>C/O CAM NIP MANAGEMENT LLC</b> Suite, Apt. #, etc. <b>575 UNDERHILL BLVD-SUITE 1X</b> City & State <b>SYOSSET, NY</b> Zip <b>11791</b> Country <b>USA</b>	
4. FEI Number <b>20-1472241</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		08052005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHRON, RUBIN 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FEDERMAN, BRUCE 382 THIRD AVENUE - 12TH FLOOR BROOKLYN, NY 11232 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHRON, ELI 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHRON, AVI 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> <u>Abraham M. Levine</u>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>	
ABRAHAM M. LEVINE		Date <u>8/8/05</u> Daytime Phone # <u>(516) 364-5000</u>	